

CERTIFICATE OF INSURANCE REQUEST FORM

To: **Risk Management**

Requestor's Name: _____ Department: _____

Telephone Number: _____ FAX Number: _____

Email Address: _____ Date Cert is Needed: _____

Certificate Holder: _____
(Party requesting certificate or proof of insurance)

Cert Holder's Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone Number: _____

Event/Contract Dates: _____ Name of Event/Contract: _____

Lines of Coverage Required

Limit Required

- | | | |
|--|----|-------|
| <input type="checkbox"/> General Liability | \$ | _____ |
| <input type="checkbox"/> Workers' Compensation/Employer's Liability | \$ | _____ |
| <input type="checkbox"/> Automobile Liability, All Hired & Non-Owned | \$ | _____ |
| <input type="checkbox"/> Professional Liability | \$ | _____ |
| <input type="checkbox"/> Property (e.g. buildings, equipment, etc) | \$ | _____ |
| <input type="checkbox"/> Umbrella | \$ | _____ |
| <input type="checkbox"/> Other (e.g. builder's risk) | \$ | _____ |

(YOU MUST PROVIDE A COPY OF THE CONTRACT OR AGREEMENT TO RISK MANAGEMENT)

Reason for this Request: _____

Signature Field _____ Date: _____